

Notification Date: **7AM EST 07/31/2009****New Tower ("NT") Submission Packet**File Number: **0003917334**See instructions for  
public burden estimates**General Information**

1) (Select only one) ( <b>NE</b> ) <b>NE</b> – New <b>UA</b> – Update of Application <b>WD</b> – Withdrawal of Application	
2) If this application is for an Update or Withdrawal, enter the file number of the pending application currently on file.	File Number:

**Applicant Information**

3) FCC Registration Number (FRN): <b>0006151898</b>
4) Name: <b>Proposed Broadlands Tower Site @ Exit 5 Dulles Greenway Community Wireless Structures, Inc. 2800 Shirlington Road, Suite 960 Arlington, Virginia 22206</b>

**Contact Name**

5) First Name: <b>Thomas</b>	6) MI: <b>A</b>	7) Last Name: <b>Murray</b>	8) Suffix:
9) Title: <b>Owner</b>			

**Contact Information**

10) P.O. Box:	And /Or	11) Street Address: <b>2800 Shirlington Road Suite 960</b>	
12) City: <b>Arlington</b>		13) State: <b>VA</b>	14) Zip Code: <b>22206</b>
15) Telephone Number: <b>(703)845-1971</b>		16) Fax Number: <b>(703)845-1953</b>	
17) E-mail Address: <b>baxterconsultantsinc@gmail.com</b>			

**Consultant Information**

18) FCC Registration Number (FRN): <b>0013361837</b>
19) Name: <b>Baxter Consultants</b>

**Principal Investigator**

20) First Name: <b>Amanda</b>	21) MI: <b>J</b>	22) Last Name: <b>Baxter</b>	23) Suffix:
24) Title: <b>President</b>			

**Principal Investigator Contact Information**

25) P.O. Box:	And /Or	26) Street Address: <b>42917 Spyder Place</b>	
27) City: <b>South Riding</b>		28) State: <b>VA</b>	29) Zip Code: <b>20152</b>
30) Telephone Number: <b>(703)403-1655</b>		31) Fax Number: <b>(209)353-0602</b>	
32) E-mail Address: <b>baxterconsultantsinc@gmail.com</b>			

**Professional Qualification**

33) Does the Principal Investigator satisfy the Secretary of the Interior's Professional Qualification Standards?	(   ) <u>Y</u> es   ( <b>X</b> ) <u>N</u> o
34) Areas of Professional Qualification: (   ) Archaeologist (   ) Architectural Historian (   ) Historian (   ) Architect ( <b>X</b> ) Other (Specify) <u>NEPA Specialist</u>	

**Additional Staff**

35) Are there other staff involved who meet the Professional Qualification Standards of the Secretary of the Interior?	( <b>X</b> ) <u>Y</u> es   (   ) <u>N</u> o
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If "YES," complete the following:

36) First Name: <b>Kerri</b>	37) MI:	38) Last Name: <b>Barile</b>	39) Suffix: <b>PhD</b>
40) Title: <b>President-Dovetail Cultural Resource</b>			
41) Areas of Professional Qualification: ( <b>X</b> ) Archaeologist ( <b>X</b> ) Architectural Historian ( <b>X</b> ) Historian (   ) Architect ( <b>X</b> ) Other (Specify) <u>Meets or Exceeds SOI standards</u>			

## Site Information

### Tower Construction Notification System

1) TCNS Notification Number: **54219**

### Site Information

2) Site Name: **CWS Broadlands**

3) Site Address: **exit 5 eastbound onto Dulles Greenway**

4) City: **Broadlands**

5) State: **VA**

6) Zip Code: **20147**

7) County/Borough/Parish: **LOUDOUN**

8) Nearest Crossroads: **Claiborne Parkway**

9) **NAD 83** Latitude (DD-MM-SS.S): **39-01-39.2**

( ☒ ) **N** or (    ) **S**

10) **NAD 83** Longitude (DD-MM-SS.S): **077-30-26.3**

(    ) **E** or ( ☒ ) **W**

### Tower Information

11) Tower height above ground level (include top-mounted attachments such as lightning rods): **47.2** (    ) Feet ( ☒ ) Meters

12) Tower Type (Select One):

(    ) Guyed lattice tower

(    ) Self-supporting lattice

( ☒ ) Monopole

(    ) Other (Describe):

### Project Status

13) Current Project Status (Select One):

( ☒ ) Construction has not yet commenced

(    ) Construction has commenced, but is not completed

Construction commenced on: \_\_\_\_\_

(    ) Construction has been completed

Construction commenced on: \_\_\_\_\_

Construction completed on: \_\_\_\_\_

**Determination of Effect**

14) Direct Effects (Select One):

- ☐ No Historic Properties in Area of Potential Effects (APE)
- ☒ No Effect on Historic Properties in APE
- ☐ No Adverse Effect on Historic Properties in APE
- ☐ Adverse Effect on one or more Historic Properties in APE

15) Visual Effects (Select One):

- ☐ No Historic Properties in Area of Potential Effects (APE)
- ☒ No Effect on Historic Properties in APE
- ☐ No Adverse Effect on Historic Properties in APE
- ☐ Adverse Effect on one or more Historic Properties in APE

### Tribal/NHO Involvement

1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects?	( <input checked="" type="checkbox"/> ) <u>Y</u> es (    ) <u>N</u> o
2a) Tribes/NHOs contacted through TCNS Notification Number: <u>54219</u> Number of Tribes/NHOs: <u>3</u>	
2b) Tribes/NHOs contacted through an alternate system:      Number of Tribes/NHOs: <u>0</u>	

#### Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: <b>Catawba Indian Nation Cultural Preservation Project</b>

#### Contact Name

5) First Name: <b>Dr. Wenonah</b>	6) MI: <b>G</b>	7) Last Name: <b>Haire</b>	8) Suffix:
9) Title: <b>THPO and Director</b>			

#### Dates & Response

10) Date Contacted <u>07/29/2009</u>	11) Date Replied _____
( <input checked="" type="checkbox"/> ) No Reply	
(    ) Replied/No Interest	
(    ) Replied/Have Interest	
(    ) Replied/Other	

#### Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: <b>Cherokee Nation</b>

#### Contact Name

5) First Name: <b>Richard</b>	6) MI: <b>L</b>	7) Last Name: <b>Allen</b>	8) Suffix:
9) Title: <b>Policy Analyst</b>			

#### Dates & Response

10) Date Contacted <u>07/29/2009</u>	11) Date Replied _____
( <input checked="" type="checkbox"/> ) No Reply	
(    ) Replied/No Interest	
(    ) Replied/Have Interest	
(    ) Replied/Other	

### Tribal/NHO Involvement

1) Have Indian Tribes or Native Hawaiian Organizations (NHOs) been identified that may attach religious and cultural significance to historic properties which may be affected by the undertaking within the APEs for direct and visual effects?		( <input checked="" type="checkbox"/> ) <u>Y</u> es (    ) <u>N</u> o
2a) Tribes/NHOs contacted through TCNS Notification Number: <u>54219</u>		Number of Tribes/NHOs: <u>3</u>
2b) Tribes/NHOs contacted through an alternate system:		Number of Tribes/NHOs: <u>0</u>

### Tribe/NHO Contacted Through TCNS

3) Tribe/NHO FRN:
4) Tribe/NHO Name: <b>Eastern Shawnee Tribe of Oklahoma</b>

### Contact Name

5) First Name: <b>Jo Ann</b>	6) MI:	7) Last Name: <b>Beckham</b>	8) Suffix:
9) Title: <b>Administrative Assistant</b>			

### Dates & Response

10) Date Contacted <u>07/29/2009</u>	11) Date Replied _____
( <input checked="" type="checkbox"/> ) No Reply	
(    ) Replied/No Interest	
(    ) Replied/Have Interest	
(    ) Replied/Other	

## Other Tribes/NHOs Contacted

### Tribe/NHO Information

1) FCC Registration Number (FRN):
2) Name:

### Contact Name

3) First Name:	4) MI:	5) Last Name:	6) Suffix:
7) Title:			

### Contact Information

8) P.O. Box:	And /Or	9) Street Address:	
10) City:		11) State:	12) Zip Code:
13) Telephone Number:		14) Fax Number:	
15) E-mail Address:			
16) Preferred means of communication:  (     ) E-mail  (     ) Letter  (     ) Both			

### Dates & Response

17) Date Contacted _____	18) Date Replied _____
(     ) No Reply	
(     ) Replied/No Interest	
(     ) Replied/Have Interest	
(     ) Replied/Other	

## Historic Properties

### Properties Identified

1) Have any historic properties been identified within the APEs for direct and visual effect?	( <input checked="" type="checkbox"/> ) <u>Y</u> es (    ) <u>N</u> o
2) Has the identification process located archaeological materials that would be directly affected, or sites that are of cultural or religious significance to Tribes/NHOs?	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o
3) Are there more than 10 historic properties within the APEs for direct and visual effect? If "Yes", you are required to attach a Cultural Resources Report in lieu of adding the Historic Property below.	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o

### Historic Property

4) Property Name: <b>House Route 643</b>
5) SHPO Site Number: <b>053-0019</b>

### Property Address

6) Street Address: <b>Route 643</b>		
7) City: <b>Ashburn</b>	8) State: <b>VA</b>	9) Zip Code: <b>20148</b>
10) County/Borough/Parish: <b>LOUDOUN</b>		

### Status & Eligibility

11) Is this property listed on the National Register?  Source: _____	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o
12) Is this property eligible for listing on the National Register?  Source: _____	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o
13) Is this property a National Historic Landmark?	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o

14) Direct Effects (Select One):  ( <input checked="" type="checkbox"/> ) No Effect on this Historic Property in APE (    ) No Adverse Effect on this Historic Property in APE (    ) Adverse Effect on this Historic Property in APE
15) Visual Effects (Select One):  ( <input checked="" type="checkbox"/> ) No Effect on this Historic Property in APE (    ) No Adverse Effect on this Historic Property in APE (    ) Adverse Effect on this Historic Property in APE



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### Historic Property

4) Property Name: <b>House Route 643</b>
5) SHPO Site Number: <b>053-0020</b>

### Property Address

6) Street Address: <b>Route 643</b>		
7) City: <b>Ashburn</b>	8) State: <b>VA</b>	9) Zip Code: <b>20148</b>
10) County/Borough/Parish: <b>LOUDOUN</b>		

### Status & Eligibility

11) Is this property listed on the National Register?  Source: _____	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o
12) Is this property eligible for listing on the National Register?  Source: _____	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o
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## Historic Properties

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2) Has the identification process located archaeological materials that would be directly affected, or sites that are of cultural or religious significance to Tribes/NHOs?	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o
3) Are there more than 10 historic properties within the APEs for direct and visual effect? If "Yes", you are required to attach a Cultural Resources Report in lieu of adding the Historic Property below.	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o

### Historic Property

4) Property Name: <b>Ashburn Farm/William Stewart House</b>
5) SHPO Site Number: <b>053-0671</b>

### Property Address

6) Street Address: <b>Ashburn Farm Parkway</b>		
7) City: <b>Ashburn</b>	8) State: <b>VA</b>	9) Zip Code: <b>20148</b>
10) County/Borough/Parish: <b>LOUDOUN</b>		

### Status & Eligibility

11) Is this property listed on the National Register?  Source: _____	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o
12) Is this property eligible for listing on the National Register?  Source: _____	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o
13) Is this property a National Historic Landmark?	(    ) <u>Y</u> es ( <input checked="" type="checkbox"/> ) <u>N</u> o

14) Direct Effects (Select One):  ( <input checked="" type="checkbox"/> ) No Effect on this Historic Property in APE (    ) No Adverse Effect on this Historic Property in APE (    ) Adverse Effect on this Historic Property in APE
15) Visual Effects (Select One):  ( <input checked="" type="checkbox"/> ) No Effect on this Historic Property in APE (    ) No Adverse Effect on this Historic Property in APE (    ) Adverse Effect on this Historic Property in APE

## Local Government Involvement

### Local Government Agency

1) FCC Registration Number (FRN):
2) Name: <b>Loudoun County Department of Planning</b>

### Contact Name

3) First Name: <b>Van</b>	4) MI:	5) Last Name: <b>Armstrong</b>	6) Suffix:
7) Title: <b>Planner</b>			

### Contact Information

8) P.O. Box:	And /Or	9) Street Address: <b>1 Harrison Street SE 3rd Floor, Mailstop 62</b>	
10) City: <b>Leesburg</b>		11) State: <b>VA</b>	12) Zip Code: <b>20175</b>
13) Telephone Number: <b>(703)777-0246</b>		14) Fax Number: <b>(703)777-0421</b>	
15) E-mail Address: <b>dop@loudoun.gov</b>			
16) Preferred means of communication: (    ) E-mail (    ) Letter ( <b>X</b> ) Both			

### Dates & Response

17) Date Contacted <b>07/27/2009</b>	18) Date Replied _____
( <b>X</b> ) No Reply	
(    ) Replied/No Interest	
(    ) Replied/Have Interest	
(    ) Replied/Other	

### Additional Information

19) Information on local government's role or interest (optional): <b>Request for Formal Pre-Application Meeting</b>
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## Other Consulting Parties

### Other Consulting Parties Contacted

1) Has any other agency been contacted and invited to become a consulting party?	(    ) <u>Y</u> es ( <b>X</b> ) <u>N</u> o
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### Consulting Party

2) FCC Registration Number (FRN):
3) Name:

### Contact Name

4) First Name:	5) MI:	6) Last Name:	7) Suffix:
8) Title:			

### Contact Information

9) P.O. Box:	<b>And /Or</b>	10) Street Address:	
11) City:		12) State:	13) Zip Code:
14) Telephone Number:		15) Fax Number:	
16) E-mail Address:			
17) Preferred means of communication: (    ) E-mail (    ) Letter (    ) Both			

### Dates & Response

18) Date Contacted _____	19) Date Replied _____
(    ) No Reply	
(    ) Replied/No Interest	
(    ) Replied/Have Interest	
(    ) Replied/Other	

### Additional Information

20) Information on other consulting parties' role or interest (optional):
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## Designation of SHPO/THPO

1) Designate the Lead State Historic Preservation Officer (SHPO) or Tribal Historic Preservation Officer (THPO) based on the location of the tower.

### SHPO/THPO

Name: **Virginia Department of Historic Resources (Manager - Office of Review & Compliance)**

2) You may also designate up to three additional SHPOs/THPOs if the APEs include multiple states. If the APEs include other countries, enter the name of the National Historic Preservation Agency and any state and provincial Historic Preservation Agency.

SHPO/THPO Name: \_\_\_\_\_

SHPO/THPO Name: \_\_\_\_\_

SHPO/THPO Name: \_\_\_\_\_

### Certification

I certify that all representations on this FCC Form 620 Submission Packet and the accompanying attachments are true, correct, and complete.

#### Party Authorized to Sign

First Name: **Amanda**

MI: **J**

Last Name: **Baxter**

Suffix: \_\_\_\_\_

Signature: **Amanda J Baxter**

Date: **07/30/2009**

**FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.**

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).**

**Attachments :**

Type	Description	Date Entered
Public Involvement	<a href="#">Leesburg Today AD</a>	07/29/2009
Maps	<a href="#">Lease Exhibits</a>	07/29/2009
Resumes/Vitae	<a href="#">Baxter Resume</a>	07/29/2009
Resumes/Vitae	<a href="#">Cultural Resource Consultant Resume</a>	07/29/2009
Resumes/Vitae	<a href="#">Cultural Resource Consultant Resume</a>	07/29/2009
Tribal/NHO Involvement	<a href="#">TCNS Confirmation</a>	07/29/2009
Area of Potential Effects	<a href="#">APE</a>	07/29/2009
Other	<a href="#">Cultural Resource Report</a>	07/29/2009
Photographs	<a href="#">Photos of Architectural Survey</a>	07/29/2009
Historic Properties for Visual Effects	<a href="#">Architecutural Excerpt from CRP</a>	07/29/2009
Historic Properties for Direct Effects	<a href="#">Archeological Survey Excerpt from CRP</a>	07/29/2009
Local Government Involvement	<a href="#">Request for Pre-App Mtg</a>	07/30/2009
Local Government Involvement	<a href="#">Request for Pre-App Mtg #2</a>	07/30/2009